Ontario
Advisory Council
on Senior Citizens

A Report on Elder Abuse

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A REPORT ON

ELDER ABUSE

SUBMITTED TO HONOURABLE RON VAN HORNE

MINISTER FOR SENIOR CITIZENS AFFAIRS

JANUARY 1986

BY

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A REPORT ON ELDER ABUSE

EXECUTIVE SUMMARY

Elder Abuse is not a new phenomenon, yet there is little information on the extent to which it exists in Ontario, even after the findings of a study prepared for the Standing Committee on Social Development were released in 1985.

Elder Abuse can occur in rural, suburban and urban areas, and in all economic groups. Studies indicate the majority of abused clients are women eighty years of age or older, while the majority of abusers are family members who are influenced by alcoholism, psychiatric problems, or by the advanced age of the abused; and who are often loved and trusted by the abused.

Abuse can be categorized into physical abuse, neglect, financial exploitation, psychological/sociological abuse through the provoking of fear and humiliation, violation of rights, and the allowing of self-neglect, brought on by the attitudes and behaviour of relatives and caregivers. There may also be some overlapping among these categories.

Although abuse occurs both in institutions and in the community, there is not much documentation on cases in either setting. Frequently the abused in institutions do not report incidents to the authorities, because of fear of reprisal, actual over-medication or the inability to articulate the situation. Professionals and non-professionals working with seniors in the community and institutions may not recognize the abuse, and frequently lack support to resolve a family or institutional situation.

The following methods of intervention have been identified in helping deter abuse: prevention aimed at the roots of family violence; public discussion and education to make people aware that abuse of the elderly does occur; the development of a protection system that provides staff trained to recognise signs of abuse; adequate counselling and support services for families and victims; protective legislation such as guardianship for vulnerable seniors who need temporary involuntary intervention; appropriately equipped emergency shelters; mandatory reporting legislation and a register of identified abusers.

RECOMMENDATIONS

- That the Ontario Government encourage local community service providers using staff similar to Adult Protective Service Workers to develop a more effective and co-ordinated protective service system for those abused and those frail and cognitively impaired seniors who are at risk, providing funding for pilot projects.

- That immediate, temporary shelter for abused seniors be identified by the Provincial Government in as many communities as possible across the Province, with the necessary funds to maintain such beds being provided.

- That the Cabinet Committee on Social Development continue to gather information on elder abuse, with consideration being given to further research to widen the existing data base. In this respect, research related Submissions from community based organisations across the Province, working with senior clients, should be encouraged.
- That those conducting research on this issue develop a common definition of elder abuse.

- That the Provincial Standing Committee on Social Development hold public hearings on the issue of Elder Abuse, inviting submissions and presentations in a manner similar to the Hearings on Child Abuse and Battered Women.

- That the Provincial Government give priority to establishing on a province-wide basis, a reporting and follow-up mechanism for cases of suspected elder abuse. Existing resources could be used, such as screening seniors on admission to hospitals, particularly to emergency departments, and the reporting of observations from family agencies.

- That mandatory reporting legislation be enacted requiring the reporting of suspected cases of elder abuse to a province-wide agency, such as the local police or district health councils as may be designated.

- A register of identified abusers of elderly persons should be maintained in a manner similar to that for child abuse.

- That elder abuse victims and their families be encouraged to seek help from public health nurses, social workers, local police, family services associations, and community information centres.

- That the community be educated to the special needs of the elderly at risk. The voluntary sector, particularly service groups in rural Ontario, may be willing to assist in making information available.

- That staff in care facilities be trained to recognize symptoms of abuse in the older clients and counselling be provided for staff working with high risk clients in the community and institutions.

- That protective Legislation be put in place to provide guardianship of the person as well as of property.

- That the Minister for Senior Citizens Affairs convey the concern of the Government of Ontario regarding elder abuse to Deans of Medical Schools, Nursing, Social Work and Humanities,

as well as Principals of Community Colleges and the education committees of professional associations, including Police Forces and those responsible for continuing education programs in the caring professions; and that the Minister indicate the need to include in curriculae specific training in the detection, treatment and development of appropriate response mechanisms to elder abuse.

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It was not so many years ago that while there was a Society for the Prevention of Cruelty to Animals, there were no organizations which were concerned with the prevention of cruelty or abuse of children. Then it slowly came to the attention of society as a whole that there was a need for children to be protected against abuse by adults, often by their own parents. There are now mechanisms in place to deal with child abuse, and one need only read the daily newspapers to realize the necessity for constant vigilance in this connection.

Similarly, Elder Abuse in not a new phenomenon; it has existed for years in the absence of awareness and concern. Most people still do not think of vulnerable elderly people as needing protection from their families or friends. Despite the recent media coverage, many people still question the extent to which this occurs. In other words, we are now at

the stage where the question of Child Abuse was at about 25 years ago.

There is little province-wide documentation, so there is not yet information on how widespread it really is. While some feel the problem is exaggerated by the media, others feel that reported cases of elder abuse are only "the tip of the iceberg". Many people can cite case examples - a lonely 80 year old woman who is kept in her room and fed a minimal diet by a daughter who uses her mother's pension cheque for the rest of the family. As sad as each case is, it does not provide proof that this is an extensive problem. However, there is a growing consensus that elder abuse is a problem.

At present there is no provincial authority to whom a suspected abuse case can be reported. If it is an extreme case of fraud or assault, the police may be called, but what is to become of the elderly persons who may be left isolated, with no care available if the abuser is removed? As with child abuse, there are no easy answers. Family dynamics of love and hate, dependency and resentment are involved. In some instances, such as seniors with Alzheimer's Disease, it may be a matter of too much pressure

with no opportunity for relief in caring for a family member. The reverse could also be true, whereby the elderly care-giver may be at risk of abuse from the demented person in their charge.

There is also the problem that personality changes over the course of a long illness can lead to behaviour by a patient that becomes very provocative to long term caregivers. Support of the family, not removal of the abused individual, may be the more reasonable solution. In other instances, the abuse may be the continuation of a long established +pattern of violence. Each instance needs to be reviewed on its own merits. However, at this point, there are no means of dealing with any but the most extreme cases; and those can only be dealt with as a criminal matter, ignoring the question of care of the older abused victim.

Because the existence of Elder Abuse has not been acknowledged, much less documented, reliable statistics are hard to come by. The U.S. State of Connecticut has done considerable research on this problem, and has passed legislation for the protection of the elderly which is considered a

model. From their research, they concluded the following:

1. Abuse occurs in rural, suburban and urban areas.

2. Abuse occurs in all economic groups.

3. The majority of abused clients are women.

4. The majority of the clients are 80 years or older.

5. The majority of abusers are family members.

6. Advanced age, alcoholism and psychiatric problems appear to influence the family members' handling of an older person.

Other studies done in the U.S. conclude that approximately 4% of the aged are subject to some form of abuse.

The first, and only widely publicized definitive study on the subject undertaken in Canada was Protection of the Elderly: a Study of Elder Abuse

published in 1982 by Donna J. Shell under the auspices of the Manitoba Council on Aging, where 402 cases of Elder Abuse were studied. The Manitoba study estimates that 2.2% of the elderly are subject to abuse. Assuming this is not an unreasonable estimate, the number of abused elderly in the City of Toronto alone would exceed 1,600 people. Province wide the number would be approximately 22,000. However, it is likely that this is an underestimate because of the victim's reluctance to report and the inability of many professionals to recognize when abuse has occurred.

Available statistics seem to show that close to 70% of abused elderly people live with the abusing care-giver, who is likely to be a family member. Most abused elders are female (67.7%), while most abusers are male (60%). The most likely abuser is a son, followed by a daughter, and thirdly by a spouse.

A 1984 study by Giordano and Giordano found the following trends in the United States - it is estimated that or ; in ten elderly persons living with relatives is abused each year; the majority of victims are women and men who have a physical/mental

disability; psychological abuse is more common than physical abuse; in 90% of the cases the abuser is a relative.

The Toronto Mayor's Committee on Aging identified the following characteristics of the abused and the abusers.

Elder Abuse Victims

- are usually frail or suffering from some chronic physical or mental illness;

- are often dependent on caregivers for physical and emotional needs;

- are often socially isolated with few friends in whom to confide;

- feel powerless in the abusive situation

Elder Abusers

- are relatives, close friends or other caregivers;

- may be middle aged or elderly themselves;

- have difficulty controlling feelings of anger and frustration;

- often blame the elderly person for requiring care

What makes elder abuse different from other crimes? Does that difference mean that elder abuse should receive special attention? The following are the types of abuse that the Toronto Mayor's Committee on Aging identified in 1984:

Physical Abuse:

Infliction of pain, mental anguish or deprivation by the caretaker.

Neglect:

Isolation, abandonment, and confinement of the elderly by family members or society.

Exploitation:

Any situation involving the dishonest use of an elderly person's personal money or property.

Psychological/Sociological:
Removal of decision-making in one's life (threats, verbal abuse, humiliation, ridicule, unnecessary restraint, being treated as a child).

Obviously, there is some overlapping among the types of abuse.

Giordano and Giordano point out the following six categories of elderly abuse.

1. Physical Abuse - This is violence that results in bodily harm or mental distress. It includes assault, unjustified denial of another's rights, sexual abuse, restrictions on freedom of movement, and murder.

2. Negligence - Breach of duty or carelessness that results in injury or the violation of rights.

3. Financial Exploitation - Theft or conversion of money or objects of value belonging to an elderly person by a relative or caretaker. It can be accomplished by force or through misrepresentation.

4. Psychological Abuse - The provoking of fear of violence or isolation, including name calling and other forms of verbal assault and threats of placement in a nursing home. It can be a spontaneous or protracted and systematic effort to dehumanize and usually is accompanied by other types of abuse.

5. Violation of Rights - The breaching of rights that are guaranteed to all citizens by the Constitution, federal statutes, federal courts, and the states.

6. Self Neglect - Includes self-inflicted physical harm and the failure to take care of one's personal needs. It stems from the elderly person's diminished physical or mental abilities and is brought on by the attitudes and behaviour of relatives.

A main factor which distinguishes abuse from other crimes is that it is usually committed by a caregiver, often an individual the older person loves and trusts. Thus, not only is it often not reported, but when it is reported, the older person

may deny it is happening. Many older people feel that to admit to being abused by one of their children or by their spouse is to admit to a major deficiency in themselves. This makes abuse difficult to document and even more difficult to resolve. Although the police can now lay charges in cases of domestic violence, such charges may lose credibility if the victim consistently denies the incident. Observant and well-trained social workers and agency personnel visiting seniors at home are one of the few means by which the problem is surfaced.

Some indications of elder abuse may be physical injury; others may be an elderly person's behaviour or appearance. These indications are:

- never seen outside the house or in the neighbourhood;
- appear frightened, uneasy, don't wish to talk or answer questions;

- have bruises, sores, or restricted mobility, and appear to fall frequently;

- seem thin, weak, listless, tired, pale;

- neglect housekeeping chores;

- fail to pay their rent or utility bills; or

- refuse medical treatment.

Abuse occurs in institutions as well as at home. Again, there is not much documentation because frequently the abused resident does not complain or report, for any number of reasons including over-medication, fear of reprisal, or the use of restraint or inability to articulate the situation. As well, professionals may not recognize the abuse in the institutions.

This has been a major concern to such organizations as Concerned Friends of Ontario Citizens in Care Facilities and the Ontario Coalition for Nursing Home Reform. One step taken by the provincial government to provide a way to identify such problems was the creation of the Nursing Homes

Resident's Complaint Committee in 1984, as well as making the establishment of Residents' Councils mandatory in longterm care facilities.

At the present time, there is legislation in Nova Scotia and New Brunswick for dealing with elder abuse. The Manitoba Council on Aging has also taken steps towards defining the problem and recommending means of dealing with elder abuse. Their report stressed the need for the following methods of intervention:

1. Prevention

2. Education of professionals, caregivers and the general public

3. A Protection System

Although all three methods are important, Canada has only begun the education process. And even with the protective legislation, adequate services must be

provided to create a protective system for those abused and those most at risk, especially the frail and cognitively impaired seniors.

INTERVENTION

Canada is essentially at the initial planning stages of dealing with this issue. Methods of intervention have been outlined, but none has been put in place.

1. Prevention

As pointed out by Elizabeth Podnieks in her unpublished Master's Thesis entitled Abuse of the Elderly, prevention is crucial. She suggests five ways of deterring abuse:

- reversing our society's approval and promotion of violence in the community and at home;

- using all possible means to rduce stresses within families because these are the forerunners of violence and abuse;

- facilitating meaningful relationships between families and their neighbours and communities to counteract the isolated existence of so many;

- changing the balance of power, decision-making and sharing of household tasks to alleviate the gross inequalities with discrimination toward elderly men and women

- interrupting the historical patterns of violence in generations of families

These steps are essentially aimed at the roots of family violence and lay the groundwork for decreasing the future incidence.

2. Education

Because the recognition of elder abuse is relatively new, many people who might see and report it often do not recognize abuse when it happens. Front line service workers or medical staff are in the best position to report

suspected abuse cases, but the victim often provides a plausible reason for an injury, or an explanation of the neglect. This is a phenomenon which has not been studied sufficiently to be able to provide indicators to professionals and other people working with seniors. The first step is to make people aware that abuse of elderly men and women does occur. This can then set a context in which more methodical study can occur.

3. Protection System

Although prevention of elder abuse is the ideal, violence is a part of our society which will not be eradicated easily. Therefore, it is necessary to have a system that can effectively deal with elder victims of abuse. Components of this system should include:

1. Adequate counselling and support services for families and the vulnerable frail elderly;

2. Mandatory reporting legislation;

3. Protective legislation, such as guardianship, so that care can be provided to vulnerable seniors who need temporary involuntary intervention; and

4. Temporary, emergency shelter for the abused appropriately equipped to meet the needs of people who may be disorientated, confused and prone to wandering.

Many hospitals are becoming aware that not all injuries incurred by elderly people are accidental. St. Joseph's Health Clinic in Toronto now has a senior abuse team. A downtown Toronto hospital is developing a protocol for dealing with suspected cases of elder abuse. This may provide a useful model for hospitals across the Province, with injured seniors being screened for possible abuse on admission, particularly to emergency departments, and especially on repeated visits to emergency.

It is evident that awareness is increasing with the media, politicians, hospitals, academics, and front line service workers. But as of now, there are no

comprehensive, uniform mechanisms for reporting, tracking or responding to elder abuse in Ontario.

The United States has protective legislation in many jurisdictions. Connecticut is considered to have the model system with mandatory reporting statutes, plus support services. Their system includes an Ombudsman Office. Trained volunteer patient advocates work in long-term care facilities, reporting any suspected abuse to the Regional Ombudsman. The Ombudsman investigates complaints of abuse submitted by the volunteer advocates and from the community. An important part of the Connecticut system is the provision of counselling and support services. Although services are not generally imposed on the abused senior, Connecticut does have guardianship legislation which allows a temporary guardian to be appointed by the court, if necessary.

The Connecticut experience points to the need for mandatory reporting legislation. Prior to the legislation, there was little motivation for keeping records. In the first year following the adoption of legislation, the Ombudsman's Office investigated 700 referrals.

Activity is beginning to occur in a number of sectors in Ontario. The Provincial Standing Committee on Social Development has taken an initial step towards documenting the incidence of abuse by conducting an Elder Abuse/Neglect survey.

While the overall response to the survey was disappointing, (only 7.6% of the questionnaires were returned on time or in a usable form,) there were five groups with response rates exceeding 20%. This was considered a sufficient response from which to interpret data. The responding groups were Home Care, Telecare, the Ontario Provincial Police, Family Service Associations and Health Units.

Of these groups 73% of Health Units, 64% of Telecare and 39% of Home Care had dealt with specific cases of elder abuse and neglect. Only 20% of responding police had dealt with the problem. Other groups who reported a high degree of contact with elder abuse and neglect situations included Distress Centres (75%), Elderly Persons Centres (54%), and Home Support (52%).

With respect to identifying types of abuse, in the overall sample neglect of the elderly was perceived as being the most widespread problem (36%), with material abuse second (29%), and physical abuse third (17%).

All Ontario counties were represented in the survey and, overall, the findings suggested a higher awareness and a higher observed frequency of elder abuse and neglect among respondents from large urban centres.

The survey concluded that abuse and neglect of the elderly is a problem in Ontario. One way in which the issue could be surfaced is that Public Hearings on the subject could be held by the Standing Committee on Social Development to provide a forum for further representations of concerned individuals.

Work on the issue of guardianship is currently underway. In June 1984, the Attorney-General created his Advisory Committee on The Estates of Incompetent Persons to address public concerns

expressed about the apparent inadequacies in the Legislation providing for and governing the management of the property of persons incapable of managing their own property.

A tri-ministerial committee entitled The Advisory Committee on Substitute Decision Making for Mentally Incapable Persons is now addressing the essential issue of guardianship of the person. The results of this Committee's work should be available in the Fall of 1986.

In the absence of legislation, the establishment of a central number for reporting abuse cases, with co-ordinated response by existing service providers, is an initial step which can be taken. The use of Adult Protective Service Workers (A.P.S.W.) or similar staff may be an effective response measure. A central registry of known elder abusers, similar to registries currently in place for known child abusers, may also be appropriate.

CONCLUSIONS

Elder Abuse is beginning to get attention in a number of sectors, and the efforts of all will be required to deal with it effectively. Public policy goals related to elder abuse in Ontario should be developed and implemented in consultation with the community.

We recognize that input from the appropriate sectors is essential in developing a system that will work. However, this is an issue that cannot be raised without anticipating some solutions.

The community at large is beginning to realize the extent of Elder Abuse. In March, 1985, the City of North York appointed Dr. Jerry Cooper, a psychiatrist, to head a "Task Force on Abuse of the Elderly"; findings of this Task Force are not yet available.

The few existing studies examine elder abuse in private homes, but not in nursing homes, boarding homes, hospitals or other non-private settings.

RECOMMENDATIONS

Having reviewed the available data and existing studies on Elder Abuse, and after extensive discussions with community based organisations and professionals working with seniors in Ontario, the Ontario Advisory Council on Senior Citizens respectfully puts forward the following recommendations for consideration by the Minister Without Portfolio for Senior Citizens Affairs, Honourable Ron Van Horne:

- That the Ontario Government encourage local community service providers using staff similar to Adult Protective Service Workers, to develop a more effective and co-ordinated protective service system for those abused and those frail and cognitively impaired seniors who are at risk, providing funding for pilot projects.

- That immediate, temporary shelter for abused seniors be identified by the Provincial Government in as many communities as possible across the Province, with the necessary funds to maintain such beds being provided.

- That the Cabinet Committee on Social Development continue to gather information on elder abuse, with consideration being given to further research to widen the existing data base. In this respect, research related submissions from community based organisations across the Province, working with senior clients, should be encouraged.

- That those conducting research on this issue develop a common definition of elder abuse.

- That the Provincial Standing Committee on Social Development hold public hearings on the issue of Elder Abuse, inviting submissions and presentations as the Committee did in the Hearings on Child Abuse in 1983 and Battered Women in 1982.

- That the Provincial Government give priority to establishing on a province-wide basis, a reporting and follow-up mechanism for cases of suspected elder abuse. Existing resources could be used, such as screening seniors on admission to hospitals, particularly to emergency departments, and the reporting of observations from family agencies.

- That mandatory reporting legislation be enacted requiring the reporting of suspected cases of elder abuse to a province-wide agency, such as the local police or district health councils as may be designated.

- A register of identified abusers of elderly persons should be maintained in a manner similar to that for child abuse.

- That elder abuse victims and their families be encouraged to seek help from public health nurses, social workers, local police, family services associations, and community information centres.

- That the community be educated to the special needs of the elderly at risk. The voluntary sector, particularly service groups in rural Ontario, may be willing to assist in making information available.

- That staff in care facilities be trained to recognize symptoms of abuse in the older clients and counselling be provided for staff working with high risk clients in the community and institutions.

- That protective Legislation be put in place to provide guardianship of the person as well as of property.

- That the Minister for Senior Citizens Affairs convey the concern of the Government of Ontario regarding elder abuse to Deans of Medical Schools, Nursing, Social Work and Humanities, as well as Principals of Community Colleges and the education committees of professional associations, including Police Forces and those responsible for continuing education programs in the caring professions; and that the Minister indicate the need to include in curriculae specific training in the detection, treatment and development of appropriate response mechanisms to elder abuse.

S U M M A R Y

The best way to sum up is to quote Rachel Schlesinger (1984):

"We must be aware of the crime of elderly abuse, and we must begin to initiate programs and attitudes to prevent it. We support rape-crisis centres, we fight to help the battered wife, and we speak out against child abuse in all forms. We fight for quality of life. Why are we silent when our mothers and grandmothers struggle alone and in silence in their battle for survival, for growing old in an atmosphere of dignity and understanding? We must hear the silent cries, and our voices must help them speak. We too will grow old, and we too want to live in a world of mutual respect, love and care, not increased elderly abuse, not a world of "granny-bashing".

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